

Disability Report

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The writing of this report was a collaborative effort between Mariwala Health Initiative (MHI), Rising Flame, and India Development Review (IDR).

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Foreword

We would like to acknowledge the Office of the State Commissioner for Persons with Disabilities, Goa for their support towards this report. This is a critical turning point in our shared quest to improve the implementation of the Rights of Persons with Disabilities (RPwD) Act, 2016, in the state. The Act establishes the groundwork for a more inclusive society by aiming for equality, dignity, and respect for persons with disabilities.

Coordinated efforts, strong policies, and active cooperation among diverse stakeholders are necessary to successfully implement this innovative legislation. Although Goa continues to lead the way in terms of implementation and service delivery, the goal of this partnership is to close the gaps that still exist between policy and practice throughout the state.

At MHI, we align with a rights-based, psychosocial approach that considers mental health concerns in the context of disability rights. In addition to this, we understand that marginalisation and oppression based on caste, gender, religion, region, sexuality, and ability are major contributors to mental health distress. This endeavour not only integrates mental health within disability initiatives but also upholds the rights of individuals.

This report, which draws on the lived experiences of persons with disability, their caregivers, and civil society organisations (CSO) in Goa, is our first step. It is a comprehensive effort to advance the rights and well-being of persons with disabilities in India.

One of the key objectives of this report is to outline a strategic framework that can guide the Goa State Commission for Persons with Disabilities in enhancing service delivery and ensuring effective compliance.

The recommendations are a result of meticulous research, stakeholder consultations, and expert reviews. MHI's intersectional approach to mental health also recognises how access to human rights such as inclusive education, accessible healthcare, skill development, employment opportunities, and social security impact an individual or community's mental health and holistic well-being. As such, the consultation process covered these crucial conversations.

Our approach in developing this report has been entirely participatory and inclusive, reflecting the voices and perspectives of key stakeholders in this field. The methodology was designed to account for the diverse experiences of the disability community and represent as many of the 21 disabilities listed under the RPwD Act as possible.

We engaged in in-depth consultations—led by subject matter experts living with disabilities—with individuals with disabilities, parents and caregivers, representatives from nonprofit organisations and civil society, and members of various government departments in Goa. These discussions have provided invaluable insights into the systemic barriers and facilitators that impact the lives of persons with disabilities.

Inclusive education remains a significant area of concern, as shared by several of our consultation participants who either could not complete their education or found it difficult to cope due to inadequate infrastructure, lack of trained teachers, and exclusionary practices. The report underscores the need for educational institutions to adopt inclusive practices, develop accessible infrastructure, and provide adequate training to educators.

Healthcare accessibility is another critical focus of this report. Highlighting the numerous barriers—from physical obstacles to discriminatory attitudes—faced by persons with disabilities, the report emphasises the importance of sensitising healthcare providers, improving service delivery, and ensuring that healthcare information is accessible to all.

The report also calls for the implementation of targeted skill development programmes, inclusive employment policies, and workplace accommodations that support the active participation of persons with disabilities in the workforce.

Finally, we attempt to underline the necessity of collaboration between various government departments to address the multifaceted needs of persons with disabilities.

The report recommends the establishment of mechanisms for interdepartmental coordination, ensuring that disability issues are mainstreamed across all aspects of governance.

The journey towards achieving inclusion is ongoing and requires sustained efforts from all sectors of society. This report is a call to action for policymakers, practitioners, and the community at large to work together in creating a society where every individual can thrive. This includes strengthening existing programmes, designing new programmes, and providing capacity building for government officials where needed. We also hope that this report serves as a resource for Disability Commissions across the country and encourages them to review their processes and work on better implementation.

We extend our heartfelt gratitude to our collaborators, Rising Flame, for their invaluable knowledge and technical expertise, and India Development Review for their assistance in writing and documentation.

Lastly, and most importantly, this report would not have been possible without all the participants who contributed to it by sharing their experiences, insights, and recommendations. Your voices have been instrumental in shaping this document, and we hope it serves as a catalyst for positive change.



Priti Sridhar
Chief Executive Officer,
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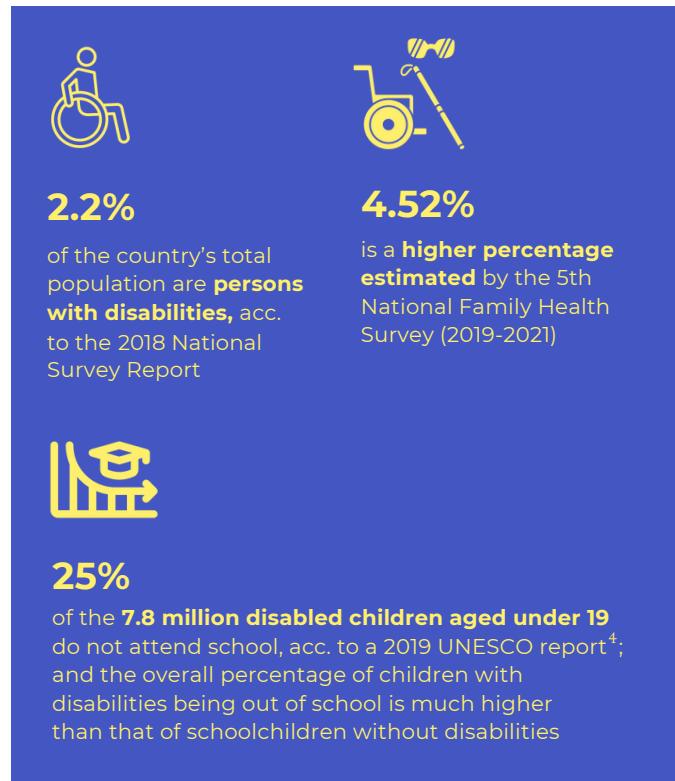
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Introduction

There is no definitive contemporary estimate of India's disabled population. While the 2018 National Sample Survey Report¹ indicates that persons with disabilities form approximately 2.2 percent of the nation's population, a secondary data analysis of the fifth National Family Health Survey (2019–2021) estimates that they account for 4.52 percent.² The National Mental Health Survey (2015–2016) indicates that India has more than 150 million persons with mental disorders.³ If the population of persons with other disabilities is added to this estimate, the resultant number is likely to exceed 20 percent of the nation's population. Despite comprising a significant minority, persons with disabilities, especially those from socio-economically marginalised backgrounds, experience exclusion in various ways and spaces. For instance, students with disabilities are trapped in a cycle of being left out from mainstream education and development programmes.

In addition to ongoing stigma and a lack of understanding about disabilities, a major reason for the exclusion of persons with disabilities is that the procedures, policies, and physical infrastructure of many educational institutions⁵ are not designed keeping their needs in mind.

Unemployment too has been found to be closely related to the poverty and social exclusion that persons with disabilities experience.⁶



On average, the percentage of disabled people who struggle to find employment in India is greater than that of non-disabled people. The high unemployment rate among persons with disabilities is driven by factors such as employer prejudice, lack of education and training, and a dearth of supportive workplace accommodations or policies. Their workforce participation is further deterred by the numerous physical barriers that hinder access to buildings and public transport. Those who are employed often also contend with digital barriers, including unsuitable workplace communication channels and materials that prevent them from seamlessly executing tasks.

Types of inequities faced by persons with disabilities in the realm of health (as evidenced by the significant difference in comparison to non-disabled persons)⁷:

- Mortality rate
- Morbidity
- Functioning

Some factors contributing to these inequities are:

- Exclusionary public health interventions
- Poor service delivery
- Lack of training & sensitisation among healthcare workers
- Inaccessible health information systems

Both global and national legal frameworks exist to promote meaningful participation and inclusion of persons with disabilities in all aspects of life, including education, health, and livelihoods. India's framework—the Rights of Persons with Disabilities (RPWD) Act—was made operational in 2016 with the objective of ensuring that persons with disabilities enjoy the right to equality, life with dignity, and respect for their integrity.⁹ Increasing the number of disabilities included from seven to 21, the Act lays down specific provisions to help secure the rights of persons with disabilities, including adopting measures to offer inclusive education, making healthcare accessible, designing programmes for skill development and employment, and protecting persons with disabilities from discrimination in these areas. However, while it's a progressive piece of legislation on paper, gaps in its implementation remain.

In response to the need for addressing these gaps, the report attempts to better understand the challenges and expectations of various stakeholders within the state's disability sector. MHI partnered with Rising Flame and India Development Review to design and execute this report. A major aim of this collaboration is to incorporate these perspectives and insights to strengthen state programmes. This includes building the capacities of various government departments that have the responsibility of providing services to persons with disabilities under the Act, improving the state commission's service delivery, and creating new programmes where needed. Ultimately, the goal is to make this an approach that other states can learn from and adopt.

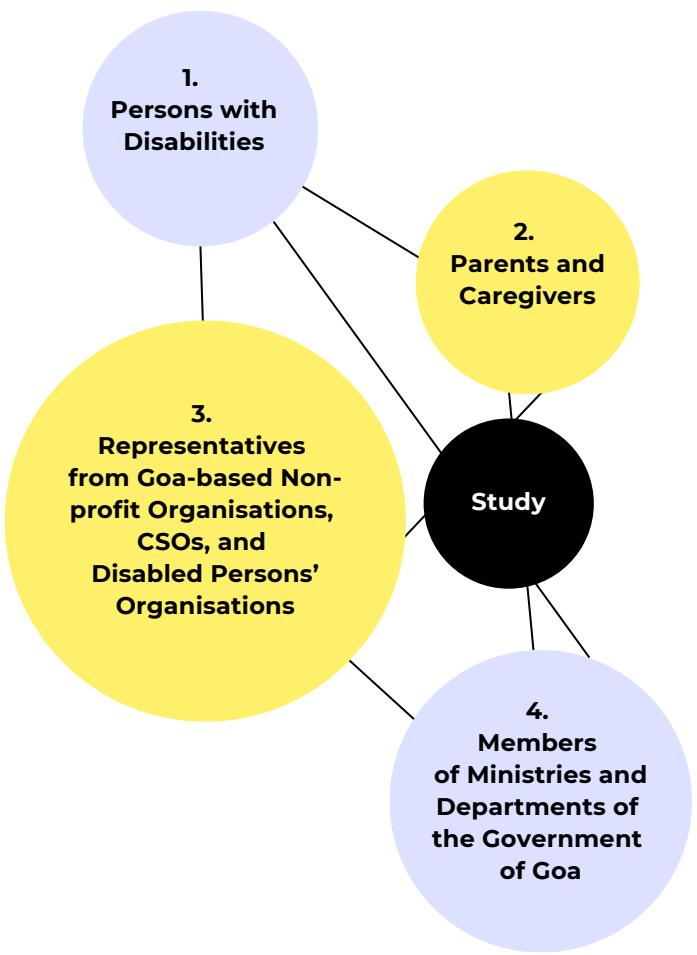
Those who are employed often also contend with digital barriers, including unsuitable workplace communication channels and materials that prevent them from seamlessly executing tasks.

Persons with disabilities face several inequities in the realm of health too, as is evidenced by the significant difference in their rate of mortality, morbidity, and functioning in comparison to non-disabled persons.⁷ Some of the factors that contribute to these inequities are exclusionary public health interventions, poor service delivery, lack of training and sensitisation among healthcare workers, and inaccessible health information systems.⁸

Methodology

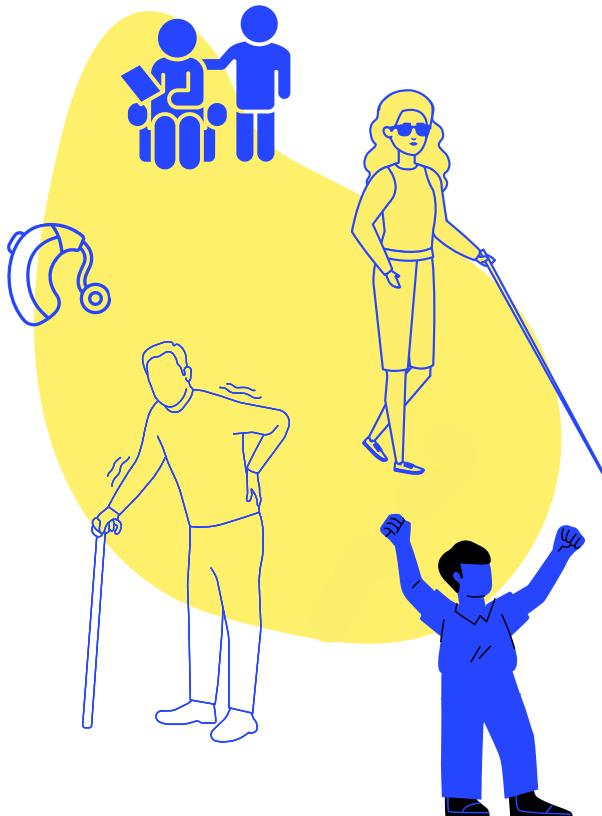
Persons with disabilities were included in the design and execution of this study. To gain a better understanding of disabilities in the state, four stakeholder groups were consulted. The primary stakeholder group comprised persons with disabilities. Two focus group sessions were conducted with this group. The first session covered the thematic area of livelihoods, touching upon skilling, accessibility, and unemployment in the state. The second session dealt with the topic of health and rehabilitation, specifically eliciting the participants' perspectives on the inefficiencies in current health services and how these can be tailored to meet their needs better.

Parents and caregivers were the second stakeholder group that was consulted. This was based on the understanding that parents and caregivers play a significant role in the lives of persons with disabilities, especially in the early years. Given the support needed and the limited information available about the experiences of those with the disabilities that were newly added to the RPwD Act, a select few disabilities were chosen to be represented in this group. These included developmental disabilities, intellectual disabilities, neuromuscular disabilities, blood disorders, mental illnesses, and chronic neurological disabilities. The focus group discussion touched upon the themes of education and health, focusing on early childhood interventions, the status of education and health services in the state, and access-related challenges.



Consulted Stakeholder Groups

The third stakeholder group constituted representatives from Goa-based nonprofit organisations, CSOs, and disabled persons' organisations. Besides being members of these organisations, a significant proportion of the participants within this group were also either disabled themselves or the parents/ caregivers of persons with disabilities. The discussion with this group was largely focused on skill development and employment opportunities, which many of the participating organisations work on. The consequences of the introduction of the Universal Disability ID (UDID) card for persons with disabilities were also talked about.



The study aimed to ensure representation of all of the 21 disabilities listed under the RPwD Act across these three stakeholder groups.

However, due to logistical challenges, representatives for seven listed disabilities—dwarfism, leprosy, acid attack victims, multiple sclerosis, sickle cell disease, Parkinson's disease, and specific learning disabilities—were not present for the focus group discussions. Individual consultations were later organised with representatives for multiple sclerosis and cerebral palsy.

The members of ministries and departments of the government of Goa were the final stakeholder group that was consulted as part of this endeavour. **These consultations were conducted in the form of key informant interviews after the completion of the initial focus group discussions.** In line with the themes addressed in the group discussions, members of the Department of Urban Development, Directorate of Social Welfare, Directorate of Women and Child Development, and Directorate of Health Services were interviewed. **The initial focus group discussions allowed for the identification of a preliminary set of gaps and requirements, which were taken into consideration in the drafting of the questionnaires for the key informant interviews. The interviews addressed the need for linkages within departments and possibilities for cross-departmental collaboration.**

Members of the Department of Urban Development, Directorate of Social Welfare, Directorate of Women and Child Development, and Directorate of Health Services were interviewed.



Members of Rising Flame—an organisation led by persons with disabilities and working for the recognition, protection, and promotion of their human rights—moderated the focus group discussions and designed the questionnaires that were used in them. The Rising Flame team were also key contributors to the internal review process, **ensuring that each draft of the report adhered to a disability-inclusive language framework and effectively captured the inputs** of the diverse set of participants that were consulted.

This report was written and edited by members of India Development Review (IDR), an independent media platform that advances knowledge and insights on social impact. The IDR team was also present during the focus group sessions in order to capture the participants' thoughts. The first draft focused on contextualising the purpose of this report and bringing forth the viewpoints of the various stakeholders who were consulted as part of the data collection process. This draft went through an internal review.

Subsequently, IDR conducted virtual interviews with Goa-based experts working in the fields of disability rights and child development to help draft recommendations that could bridge the gaps identified through the initial stakeholder consultations. The recommendations presented in this report are a combination of the ones outlined by these experts and those adapted from Rising Flame's Disability, Equity, Justice White Paper partially funded by MHI—which was developed through consultations with more than 2,500 persons with and without disabilities, nonprofits, organisations of persons with disabilities, disability rights experts, and disability rights allies from across 35 countries.

As part of the external review process, this report was assessed by experts with extensive experience in the field of mental health. Based on the suggestions and insights provided by these experts, further revisions were made to the report prior to publication.

This study has a few potential limitations. The initial aim was to ensure representation of all of the 21 disabilities listed under the RPwD Act across these three stakeholder groups. However, due to logistical challenges, representatives for seven listed disabilities—dwarfism, leprosy, acid attack victims, multiple sclerosis, sickle cell disease, Parkinson's disease, and specific learning disabilities—could not attend the focus group discussions. Although individual interviews were later organised to help address this limitation, only representatives for multiple sclerosis and cerebral palsy could be reached. As a result, more specific insights around six of the 21 listed disabilities could not be included in this report.

The scope of this report has been narrowed to three key focus areas—livelihoods, education, and health. This was largely informed by the amount of time we had with each stakeholder group (1–2 hours per session) and the small size of each group (5–16 members per group). We thus recognise that the inputs outlined in this report are likely to be relatively restricted when considering the experiences of persons with disabilities in Goa as a whole. Similarly, the report was reviewed externally by experts affiliated with mental health organisations. This limited the cross-disability perspectives that were available to the team during the external review process.

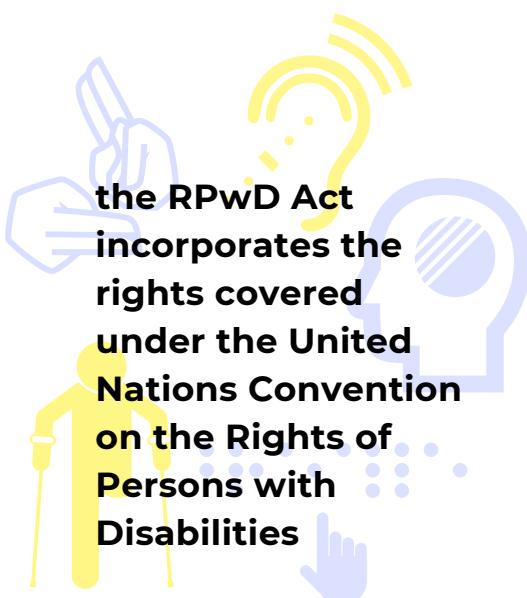


Setting the Context

The RPwD Act, 2016

Designed as a replacement for the Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act of 1995, the RPwD Act incorporates the rights covered under the United Nations Convention on the Rights of Persons with Disabilities, to which India is a signatory.¹⁰

Chapters III (Education), IV (Skill development and employment), V (Social security, health, rehabilitation and recreation), and VI (Special provisions for persons with benchmark disabilities) of the act are most relevant to the discussions and interviews conducted for this report.



Chapters & Sections from the RPwD Act referred to in this page:

- **Chapter III (Education)**
- Section 16
- **Chapter IV (Skill Development and Employment)**
- Sections 19, 20, 22
- **Chapter V (Social Security, Health, Rehabilitation and Recreation)**
- **Chapter VI (Special Provisions for Persons with Benchmark Disabilities)**
- Sections 31, 33, 34
- **Chapter VIII (Duties and Responsibilities of Appropriate Governments)**
- Sections 41, 42, 45

Within Chapter III, Section 16 outlines that all educational institutions funded or recognised by the government must provide inclusive education to children with disabilities.

To that end, educational institutions must:

- Not discriminate against children with disabilities during the admission process, and provide them with equal education and opportunities for sports and recreational activities
- Make the campus and its facilities accessible
- Provide reasonable accommodations that cater to the needs of children with disabilities
- Offer necessary support in environments that maximise the children's academic and social development

In order to achieve the provisions laid out in Section 16, the section after it instructs governments and local authorities to take the following measures:

- Conduct surveys of school going children every five years to identify children with disabilities and ascertain the degree to which their requirements are being fulfilled
- Train and employ teachers qualified in sign language and Braille as well as those who are trained in teaching children with intellectual disabilities
- Train staff to support inclusive education at all levels
- Make suitable modifications in the curriculum and examination system to meet the needs of students with disabilities

Lastly, the chapter also tasks the government and local authorities with ensuring the promotion, protection, and participation of persons with disabilities in adult education to a degree equal to others.

Chapter IV of the act lays down provisions related to skill development and employment. Section 19 of the chapter mandates the formulation of schemes and programmes, including provision of concessional credit, to facilitate and support the employment of persons with disabilities. These schemes and programmes are expected to guarantee:

- The inclusion of persons with disabilities in all formal and non-formal vocational and skill training programmes
- Adequate support and facilities to avail training
- Exclusive skill training for persons with disabilities, with active links to the market for those with developmental, intellectual, and multiple disabilities



Section 20 concerns non-discrimination in employment by government establishments, including offering reasonable accommodations and barrier-free environments to persons with disabilities.

Meanwhile, Section 22 directs every government establishment to keep track of the persons with disabilities in their employ as well as the facilities provided to them, and instructs every employment exchange to maintain a record of persons with disabilities seeking employment.

Chapter V of the act covers social security, health, rehabilitation, and recreation. Besides mandating that governments formulate necessary schemes and programmes to protect and promote an adequate standard of living for persons with disabilities, it also indicates that the quantum of assistance provided through such schemes should be 25 percent higher than similar schemes for other demographics. Included among the various forms of welfare are:

- Community centres with good living conditions in terms of safety, sanitation, healthcare, and counselling
- Facilities for disabled persons who have no family, have been abandoned, or have no shelter or livelihood
- Disability pensions, and unemployment allowances for persons with disabilities who have been registered with the special employment exchange for more than two years without being placed in any gainful occupation
- Caregiver allowance for persons with disabilities with high support needs



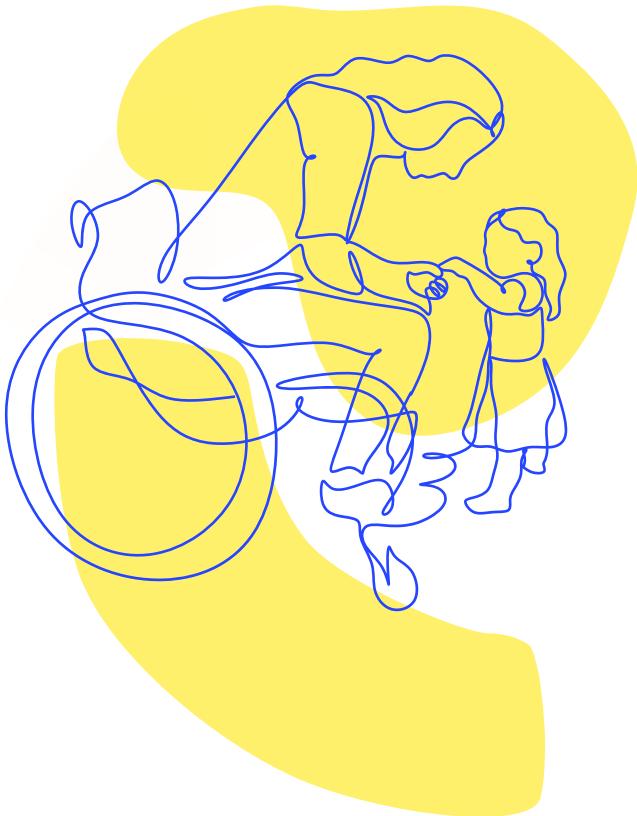
In addition, Section 25 states that the government and local authorities must ensure free healthcare for persons with disabilities, barrier-free access to all parts of government and private hospitals and other healthcare institutions, and priority in attendance and treatments.

Chapter VI stipulates special provisions for persons with benchmark disabilities (that is, certified as having 40 percent or higher of a specific disability). These provisions are largely for education and employment. Section 31 enshrines the right to free education in an appropriate environment for children with benchmark disabilities. The subsequent section asks all government higher education institutions and those that receive aid from the government to reserve a minimum of 5 percent seats for persons with benchmark disabilities.

With respect to employment, Sections 33 and 34 mandate the identification and reservation of posts in government establishments for persons with benchmark disabilities. At least 4 percent of the total number of vacancies in each group of posts is expected to be filled by persons with benchmark disabilities. Moreover, if any reserved vacancy cannot be filled due to the non-availability of a suitable person with benchmark disability or any other reason, it must be carried forward to the succeeding recruitment year.

Sections 41 and 42 mandate state governments to take suitable measures to ensure the accessibility of transport and information and communication technology respectively. Additionally, Section 45 stipulates a time limit of five years to ensure that existing public infrastructure is made accessible.

Chapter XII prescribes the appointment of State Commissioners for Persons with Disabilities. These commissioners are expected to work towards identifying laws, provisions, or procedures that are inconsistent with the Act, and recommend necessary corrective steps. They are also tasked with undertaking and encouraging research in the field of rights of persons with disabilities, monitoring the implementation of the provisions under the Act, reviewing the factors that inhibit persons with disabilities from enjoying their rights, and recommending appropriate remedial measures to address these factors.



Persons with Disabilities and Goa

Akin to national statistics, estimates of the proportion of persons with disabilities in Goa are varied. The fifth National Family Health Survey (2019–2021) indicates that less than 1 percent of Goa's household population has a disability.¹¹ However, a 2021 report by the Ministry of Statistics and Programme Implementation estimates the number of persons with disabilities at 33,012, which constitutes 2.26 percent of the state's population.¹² As a state, Goa has devised a variety of schemes to assist persons with disabilities. The most notable of these is the Dayanand Social Security (DSS) Scheme. It offers monthly financial assistance of INR 3,500 to individuals with more than 90 percent disability and INR 2,000 to individuals who fall below this threshold. The financial assistance provided by the scheme is one of the highest in the country, as approximately half of the other state disability pension schemes offer less than INR 1,000 per month.¹³

In 2024, the State Commission for Persons with Disabilities also issued a Recommendation to the Directorate of Social Welfare for further enhancements to the DSS Scheme. Some of the Commission's key recommendations include:

- Increasing the pension to INR 6,000 for persons with benchmark disabilities and INR 4,000 to those with lower than 40 percent disability.
- Introducing a new category, with a pension of INR 8,000, for persons with high support needs.
- Implementing an annual increase of 4 percent in pensions to account for inflation.
- Ensuring that pension amounts are credited to recipients on or before the 5th of every month.
- Raising the annual income limit for pension eligibility to INR 8,00,000.

The implementation of these recommendations will likely cement the scheme as the nation's most progressive financial assistance initiative for persons with disabilities.

In 2016, the state also launched two early detection and intervention centres (EDICs) to



33,012

Estimated number of persons with disabilities in Goa according to a 2021 report by the Ministry of Statistics and Programme Implementation



INR 3,500

The amount of a monthly financial assistance to individuals with more than 90% disability, and INR 2,500 to those with below 90% disability*

*Provided they are unemployed or earn less than a year than what they would receive from the scheme over the same duration

provide high-quality medical care to children below 18 years of age. The centres are equipped with various diagnostic facilities and provide a broad range of care services, including health screening, occupational therapy, physiotherapy, and dental care. Additionally, in 2022, the state held a series of workshops on home-based therapeutic interventions for parents of children with disabilities. Through a series of interactive sessions on various themes, the workshops aimed to educate, advise, and provide practical support to these parents.¹⁴

Unlike in most other states, special education in Goa falls within the ambit of the Directorate of Education rather than the Ministry of Social Welfare. This presents a unique opportunity for the education department to devise comprehensive inclusive education policies without the need for interdepartmental collaboration, thus avoiding the bureaucratic challenges associated with it. In addition, the office of the state commissioner for Persons with Disabilities has organised sensitization workshops for heads of all 1500 educational institutes in Goa. The workshop aimed to encourage inclusive education.

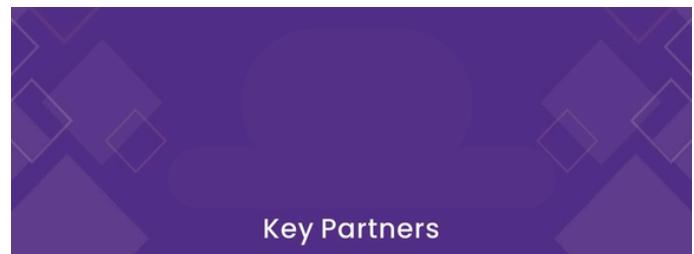
To this end, the state launched the Scheme for Children with Special Needs (2018) with the aim of providing a better learning environment for children with disabilities studying in special schools and regular schools.

It does so by offering individual assistance to children with disabilities and by awarding financial grants to special schools and regular schools practising inclusive education. Some provisions under the scheme include training for children with disabilities, counselling for them and their parents, building of necessary infrastructure in schools, and the removal of infrastructural barriers. Such policies have possibly contributed to Goa being the state with the highest percentage of children with disabilities attending school.

Goa is also different from the states with bustling metropolitan cities that most of the population remains rooted to, as **intrastate travel is far more common here. This means that locals may regularly need to travel to different parts of the state for work, education, and/or healthcare. Thus, a robust and accessible public transportation system is a fundamental need for persons with disabilities in Goa**, as their access to employment, education, and healthcare heavily relies on it. In 2022, the Office of the State Commissioner for Persons with Disabilities organised a 12-session sensitisation and training programme for employees of the Kadamba Transport Corporation Limited (KTCL)—the state's public transport service. Approximately 1,200 employees, including conductors, drivers, and administrative staff, participated in the programme. The programme enabled the participants to gain a more comprehensive understanding of the challenges experienced by passengers with disabilities, which in turn allows the staff to offer them better assistance to make their travel hassle-free.⁴

Goa hosted the Purple Fest Goa in 2023, followed by the International Purple Fest Goa in 2024 - a first of a kind initiative—an inclusive festival that aims to celebrate persons with disabilities. The festival is a collaborative effort between the Office of the State Commissioner of Persons with Disabilities, Goa's Directorate of Social Welfare, and the Government of India's Department of Empowerment of Persons with Disabilities.

The event serves as a marker of the state's recognition of the need for disability inclusion and bears the potential to catalyse greater public discourse and awareness around disability.



What's Working, What Isn't, and How Do We Bridge the Gaps?

Livelihoods

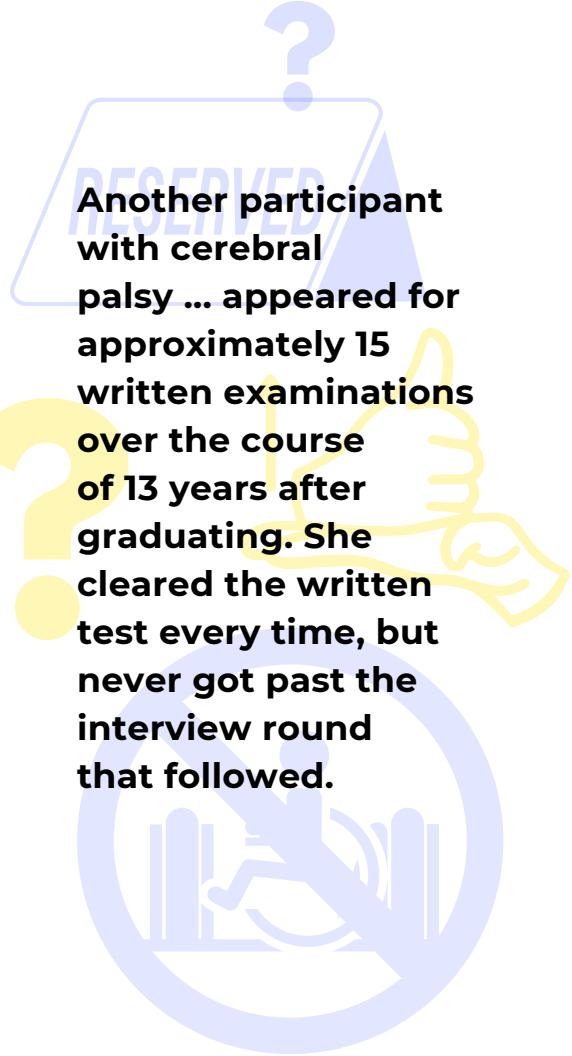
The initial discussion held with the participants with disabilities was about employment and the relevant supports for it within the state. Two-thirds of the disabled participants were employed, and 50 percent of the employed participants held government jobs.

The participants were dissatisfied with the lack of skilling programmes and vocational skills training programmes in Goa. These courses can help persons with disabilities develop the competencies required for certain occupations and provide placement support. The participants reported that, in the past, short-term certificate courses were offered by Government Polytechnic Panaji for persons with disabilities. These courses were extremely beneficial as their entry requirements were not stringent, and they provided a stipend and hostel facilities for the enrolled students. However, the institute no longer offers the courses due to a lack of sustained funding. As a result, a great resource that incentivised persons with disabilities to receive vocational training was no longer available to them.

Where certification courses do exist, they often do not have the accommodations necessary to assist persons with disabilities.

For example, a deaf participant said that she couldn't complete a fashion design course that she had enrolled in because she couldn't comprehend the instructions related to finer cutting work, and there was no sign language interpreter to assist her.

The dearth of such programmes and training could be a problem especially for persons with intellectual disabilities, who find it harder to access employment opportunities or develop the skills required for such jobs.



Another participant with cerebral palsy... appeared for approximately 15 written examinations over the course of 13 years after graduating. She cleared the written test every time, but never got past the interview round that followed.

Although 4 percent of government jobs are mandated to be reserved for persons with disabilities as per the RPwD Act, participants reported that there is limited awareness regarding vacancies for persons with disabilities and poor transparency on whether these quotas are met. Multiple participants spoke about applying for vacant positions but never being called for an interview.

Those who were called in were often not selected for the position. One participant said that he was unable to secure a government job despite appearing for more than 40 interviews. Another participant with cerebral palsy mentioned that, in the hopes of securing a government job, she appeared for approximately 15 written examinations over the course of 13 years after graduating. She cleared the written test every time, but never got past the interview round that followed. According to her and other participants, they were able to acquire the jobs they now hold primarily due to the benevolence of one person with the right connections rather than through a system that was designed to help persons with disabilities.

For persons with disabilities who do find jobs, reaching their place of employment becomes another obstacle. The lack of accessible public transport options in Goa is one contributing factor. Since cabs are relatively expensive, most of the participants use buses or are driven around by their family. However, waiting for and travelling in a crowded bus can be a distressing experience for them. A few participants with low vision reported that they find it difficult to read the boards on the buses, so they need assistance to determine where a bus is headed. Just as with skilling programmes and vocational training, there are no special provisions or training courses in place for persons with disabilities who are interested in learning to drive. While one hard-of-hearing participant was able to acquire a two-wheeler license, another stated that her application for a license was rejected due to her disability.

The state has taken a positive step in facilitating transport, launching a fleet of accessible e-rickshaws as part of Purple Fest. A participant who is a wheelchair user reported that she frequently travels in an e-rickshaw. She finds it especially useful because it allows her not to have to rely on her husband to drive her to places. However, she also reported that e-rickshaws aren't always available when needed. Investing further in accessible e-rickshaws to increase their numbers and make them more affordable would help build on this initiative.

When speaking about workplace-provided housing as a potential solution to certain mobility-related challenges, a government-employed participant noted that although some government positions come with housing, these may not necessarily be located near the actual workplace. On the other hand, the provision of housing facilities for private sector employees is absent altogether. Therefore, persons with disabilities have very little choice but to make travel arrangements independently once employed. Given that the distances between Goa's major hubs are substantial—Madgaon and Panjim are 40 kms apart—it is difficult for them to apply for jobs that would require them to make such journeys. Moreover, some participants mentioned that the jobs they applied for often do not end up offering a significant enough salary to compensate for their daily travel. This further shrinks the pool of feasible employment opportunities for them.

Additionally, participants from CSOs noted that as a result of the widespread stigma around persons with disabilities, even those who do get jobs are often discriminated against.

One participant noted, "Many times, the persons (with disabilities) who have received the job come and tell us that they are not happy where they are. They are told that they are there just because they're disabled. They're not given the right equipment to carry out any work. Employing them without providing these facilities is like inviting your guests for a party and then telling them to cook without providing them with any ingredients."

Participants with disabilities reported that the absence of reasonable accommodations prevents them from integrating into their workplaces. For example, offices that hire persons with low vision often fail to make the switch from hard copies to digital documents. Given that those with low vision would be aided by having the option to zoom in on text or read text in large font, the dearth of such reasonable accommodations makes it extremely challenging for them to work. Another major deterrent in workspaces is the lack of accessible toilets for persons with disabilities. The dire need for this was noted by the Disability Rights Association of Goa, who wrote to the State Commissioner for Persons with Disabilities in November 2023 seeking a directive that at least one public toilet in each government and private sector establishment should be reserved for persons with disabilities.¹⁵ The absence of these basic amenities further consolidates the office as an unwelcoming space. As a result, persons with disabilities report feeling unhappy and unwanted in such environments.



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“Building an accessible toilet will cost you not even INR 40,000. How many years into the accessible India campaign are we now? But we cannot construct an accessible toilet for persons with disabilities?”



Self-employment is not free of challenges either. The primary concern for participants was the unavailability of business loans at lower interest rates for persons with disabilities. A participant belonging to a CSO noted that when they approached the National Divyangjan Finance and Development Corporation to help secure a loan on behalf of a disabled individual, they were told that it would be approved only if two government employees sign as guarantors. Considering the significant capital investment required to set up a business, most persons with disabilities would benefit from low-interest loans. However, the high rates of interest offered by private banks and the onerous requirements imposed by public institutions render it virtually impossible for persons with disabilities to get loans.

The participants also indicated that non-financial support would be useful for disabled microentrepreneurs. For instance, a CSO-affiliated participant noted that disabled artists from remote rural areas find it hard to procure raw material for their products and then market them. Institutions such as the Goa Handicrafts Rural and Small Scale Industries Development Corporation, which exists to provide impetus to handicrafts and village industries, could be leveraged to offer procurement and marketing assistance to these artists. Based on their experience of working with persons with intellectual disabilities, some CSOs suggested that they could be trained to function as a cooperative that produces simple products in a sheltered workshop, but the enterprise would only be sustainable if they were given space to showcase and sell their products at exhibitions and expos held by the government.

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“When we talk about persons with intellectual disability above the age of 20, there are no employment opportunities. So we thought of conducting a sheltered workshop where we help them make products that they could sell. But for that we need space. Yes, we are willing to spend to train them to do repetitive jobs such as manufacturing. But there is no space available.”

The DSS Scheme attempts to address some of these problems through the provision of a monthly pension for persons with disabilities. Almost all of the participants with disabilities said that they were beneficiaries of the scheme. However, they reported that payments were often delayed by months and also did not match the entitled amount. Despite the pension offered being higher in comparison to the paltry sums provided in other states, the participants found it to be inadequate, especially given that the amount has not been updated in more than a decade and thus does not account for inflation in the state.¹⁶ The frequent delays and negligible assistance put immense pressure on the unemployed, who primarily rely on financial assistance for their living expenses.¹⁷



^{1*} The focus group discussions were conducted in 2023, prior to the State Commission's proposed enhancements to the DSS Scheme.

Recommendations for Bridging Existing Gaps

For the State Commissioner for Persons with Disabilities and the Department of Social Welfare:

- Collect and publish disaggregated data by gender, social identity, and disability type to map the existing labour force, including entrepreneurship and small businesses
- Ensure that employers report and publish disability employment data, disaggregated by career level, disability type, and gender
- Enforce the legal protections enshrined in the RPwD Act for all forms of workplace discrimination, harassment, and violence against persons with disabilities, including during recruitment, hiring, training, job assignments, promotions, pay, benefits, lay-off, paid leave, firing, and all other employment-related activities
- Disseminate information regarding laws against discrimination that are complementary to the RPwD Act (for example, the Sexual Harassment of Women at Workplace [Prevention, Prohibition, and Redressal] Act)¹⁷ to promote the establishment of a holistic workplace redressal mechanism for persons with disabilities

For the State Commissioner for Labour and Employment:

- Increase labour force participation for persons with disabilities through vocational training, skill development, reskilling, labour formalisation, and social protection. Ensure that mainstream technical, vocational, educational, training, labour market skills, and apprenticeship programmes include persons with disabilities

- Mandate reservation rosters to be maintained in every government department so that positions reserved for persons with disabilities are appropriately visible and filled. Monitor these rosters regularly and penalise non-compliance
- Ensure that job portals and applications are accessible for persons with disabilities. This involves making job listings and applications available in multiple formats so that they serve people across disabilities

For the Directorate of Skill Development and Entrepreneurship:

- Improve disabled entrepreneurs' access to government programmes that offer specialised training, credit, technical and financial resources, and business incubation
- Advocate for government procurement policies to mandate that a fixed percentage of goods and services are purchased from the enterprises of entrepreneurs with disabilities. Establish fast-tracked certification processes for businesses owned by persons with disabilities to gain access to contract/ vendor opportunities and take advantage of procurement goals
- Provide aid to entrepreneurs with disabilities so they can procure raw materials, goods, etc. for their businesses
- Provide technical and financial assistance to small and medium enterprises to promote disability inclusion in their workforce
- Promote the digital empowerment of persons with disabilities through training and equitable access to technological devices and skills

For Private Sector Employers:

- Include persons with disabilities in boards and senior management positions to visibilise them and their achievements
- Adopt inclusive hiring policies and ensure accessibility across the physical and digital infrastructure of the workplace
- Provide reasonable accommodations—including (but not limited to) screen readers, flexible work hours, hybrid work arrangements—to employees with disabilities as per their needs to ensure their full participation at the workplace



Education

Education was a central theme in the discussion with CSOs and parents of persons with disabilities. When addressing education for persons with disabilities, it is important to note the ways in which special schools are distinct from mainstream schools. A special school typically enrols children with a specific kind of disability or a cluster of related disabilities. The special educators present in these schools are also often trained to teach students with a few specific disabilities. In comparison to mainstream schools, special schools tend to have fewer children in a classroom, a better teacher-to-student ratio, and a flexible class grouping of children that may not be based on their age.

Inclusive education is a key goal of the RPwD Act and the National Education Policy (NEP). It refers to education that includes everyone¹⁸ with non-disabled and disabled students learning together in mainstream schools, colleges, and universities—and where the system of teaching is suitably adapted to meet the learning requirements of different types of students with disabilities. The NEP specifically advocates for inclusive education as it ensures the inclusion of student groups that have traditionally been underrepresented in mainstream schooling. To this end, the policy commits to providing schools with resources for the integration of children with disabilities, recruitment of special educators with cross-disability training, and establishment of resource centres. The policy also pledges to assist schools in providing tailored accommodations and support

mechanisms, such as assistive devices and language-appropriate teaching–learning materials, that cater to the needs of children with disabilities, helping them integrate more easily into classrooms and engage with teachers and their peers. However, despite attempts to make education inclusive, certain barriers continue to exist. According to the parent of an autistic child, intellectually disabled children are often labelled as 'hyper' or 'unmanageable' if they aren't timid. This creates misconceptions about their capabilities and the feasibility of inclusive education.

Emphasising the importance of inclusive education, the parent of a child with Down syndrome stated that she took her son out of a special school and enrolled him into an inclusive mainstream one because she realised that he was able to pick up more by being around his non-disabled peers. She noted,

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“Even though he may not be saying too many words [at school], he's listening to his peers, and at home he's narrating to me what they said.”

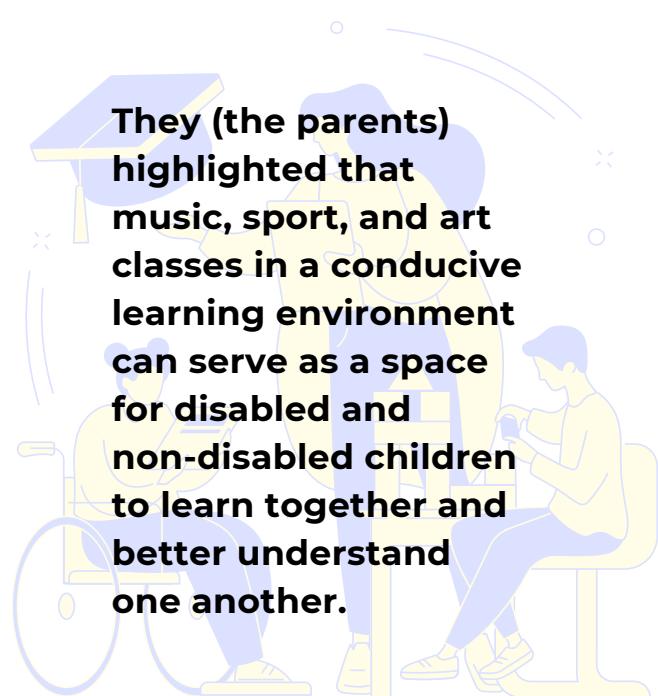
She maintained that having her child attend a mainstream school isn't merely helping him but it is also exposing non-disabled children to her son, thereby making them more aware and sensitive to his condition and needs.

Another parent indicated that even within an inclusive setting, children with intellectual disabilities need one-to-one educational support. At present, neither special nor mainstream schools have the resources to offer this.

Achieving inclusivity throughout the education system in the state necessitates sensitising and training teachers and staff across the board. Participants from the Goa Chapter of the National Association for the Blind reported that they have trained and employed teachers to teach blind children at their state branch. Moreover, these teachers visit homes in remote areas where there are children who cannot attend classes at the branch. They have been requesting the government to help in offering their teachers better salaries, which they currently pay with the aid of donations.

Many parents lamented the lack of a comprehensive sports and arts curriculum for children with disabilities in schools. In order to enable her child to engage in sports, the parent of an autistic teenager took her child to the pool at Peddem—a public sports complex near Mapusa. She was unable to enter the pool herself due to a medical condition and was delighted when one of the instructors indicated that he would help her son navigate it. However, despite her warning the instructor against taking her son to the deep end of the pool, he did so in order to show him that it can be dangerous. This resulted in her son becoming terrified of the pool entirely, and he has never entered one since. She thus emphasised the need for sensitisation among staff in public institutions on how to attend to children with disabilities.

The parents emphasised that their children have tremendous potential, which may not be unearthed if they are simply made to follow a special education curriculum.



They (the parents) highlighted that music, sport, and art classes in a conducive learning environment can serve as a space for disabled and non-disabled children to learn together and better understand one another.

Although no participant explicitly mentioned gaps related to the functioning of special schools in Goa, their physical infrastructure was recently brought into focus when a student fell from the second floor of the Sanjay Centre for Special Education after leaning against a railing that gave way.¹⁹ The tragic incident occurred months after the Office of the State Commissioner for Persons with Disabilities had highlighted the dilapidated condition of the old SCERT building that housed the special school. In addition to exemplifying a critical infrastructural deficiency, the incident highlighted the necessity for quick remedial action within the state.

Goa is one of the few states in the country where special schools are spread across the state and 95% of children with disabilities are enrolled either in special schools or resource rooms set up by the government in regular schools.

Recommendations for Bridging Existing Gaps

For the State Commissioner for Persons with Disabilities and the Directorate of Social Welfare:

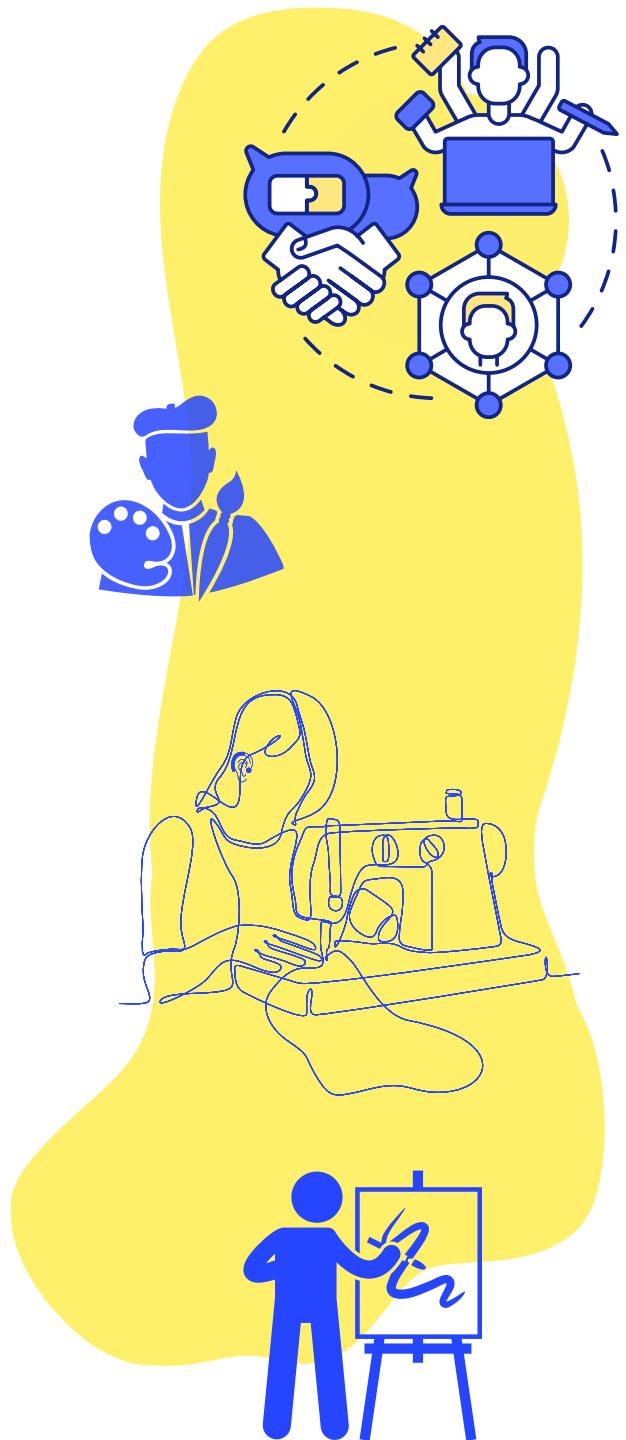
- Ensure that all formal and informal educational institutions provide reasonable accommodations to students with disabilities and adopt an anti-discrimination policy
- Work with the Department of Transport to improve the accessibility and last-mile connectivity of transport within the state so that persons with disabilities can easily reach learning institutions

For the Directorate of Education:

- Collect disaggregated data by gender, disability, caste, and other markers of students with disabilities across levels, institutions, and vocational training centres
- Ensure accessible hostels, dormitories, and other boarding arrangements for students with disabilities
- Promote equitable inclusive education by introducing gamified curricula and effective universal design for learning measures²⁰
- Assist schools in offering equitable opportunities for students with a range of support needs. This comprises an inclusive curriculum, differentiated instruction, flexible lesson plans, and alternative assessment methods that accommodate different learning styles. Similarly, in higher education, enable institutions to develop personalised learning plans for students with varied support needs

For Public/Private Schools and Higher Education Institutions:

- Involve students with high support needs in decision-making related to their education
- Promote collaboration and communication between teachers, families, and other stakeholders involved in the education of students with high support needs. This can include regular meetings and progress updates to keep abreast with the students' requirements
- Foster inclusive learning environments by training, and retraining teaching and non-teaching staff. Ensure that these training and skilling measures are accessible and accommodate the needs of teachers with disabilities
- Pursue partnerships with job market stakeholders to help secure employment opportunities for persons with disabilities
- Focus on developing life skills and a community for children with disabilities and persons with disabilities in education at all levels, including through exposure visits, sports, creative activities such as music and theatre, and nature studies



Health

Goa has four public hospitals, and the remaining public health facilities in the state consist of smaller community or primary health centres. Moreover, there are only two early district intervention centres in Goa—located at the North Goa and South Goa district hospitals.

For persons with disabilities, however, the demand for affordable healthcare services significantly exceeds its availability in the state. This often leads to lengthy wait times and large gaps between appointments. Many disabled participants mentioned that the public hospital nearest to them was at least 45 minutes to an hour away by road. As a result, some of them had no option but to seek care at expensive private hospitals that were closer to them. Moreover, some participants reported that they were made to shuttle between one public health centre and another because no single centre has all the requisite diagnostic facilities.

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“The main problem for persons with disabilities is accessibility. If they want to visit a particular hospital, they have to figure out transport first. If transport is available, it is often not accessible. Some people have community health centres nearby, but they are not well equipped.”

While Goa continues to strengthen its healthcare infrastructure, certain specialized diagnostic facilities for rare conditions are still in the process of being developed. For instance, in the case of a child with Glanzmann thrombasthenia—a rare blood disorder—the blood sample had to be sent to Bengaluru for diagnosis, as testing for such rare conditions is not yet available within the state. Although this disorder is not covered under the RPwD Act, the parent's experience

highlights the importance of expanding specialized services. Similarly, a parent of an autistic child was recommended to test for Fragile X syndrome, but the absence of local facilities meant the testing would involve higher costs. These examples underscore the need for continued efforts, and with growing awareness and government initiatives, such services are likely to be made more accessible in the future.

Participants also felt that the staff at certain public health institutions could be insensitive to the needs of persons with disabilities. For instance, a participant with a locomotor disability reported that he was occasionally made to stand in a general queue at the Goa Medical College and Hospital (GMC), even though disabled individuals and senior citizens are supposed to be allotted a separate line. This would be followed by a long ordeal to convince the security staff of the need for a different queue for persons with disability. While some would reluctantly agree, others would refuse to do anything until the matter was brought to the attention of their superiors. The sister (and primary caregiver) of a person with multiple sclerosis mentioned a similar incident, where the staff at a public hospital asked her to lift her brother from his wheelchair onto a bed for examination. She was offered no support even after she indicated that his weight would be too much for her to carry alone.



Instances such as these have resulted in public hospitals being viewed as places of torment rather than care.

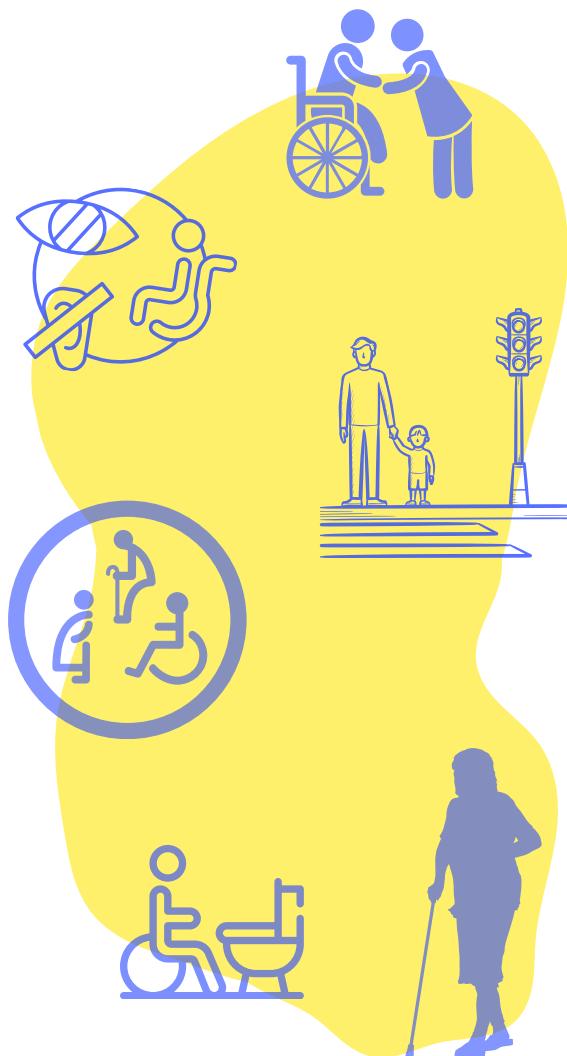


Existing health systems are also not geared to effectively serve all disabilities. For instance, a deaf participant stated that she would either need to take a family member along or write down her ailment every time she visits a hospital because none of them have staff with even a basic understanding of sign language. She worries that if she finds herself in an emergency and does not have any family around, she would be unable to communicate her needs to the hospital staff. Home-based care facilities could have been the answer in such a situation, but the sheer dearth of them poses a problem. Given the inaccessibility of transport, especially for wheelchair users, home-based provisions for routine check-ups and physiotherapy were reported as a major need. Many participants said they would be willing to pay for a caregiver for their disabled family member, but noted that there simply weren't any options available. They cited the absence of a formal course focused on caring for persons with disabilities as a major reason for this.

In addition to affordable healthcare being unavailable, many disabled participants reported that they were outright denied private medical insurance due to their disability. Others indicated that they were offered insurance only after undergoing medical tests that non-disabled people are not subjected to, even though the insurance did not concern their disabilities. Moreover, their insurance premiums were set at a higher rate. *Note: Since 2016, the Goa state government offers the Deen Dayal Swasthya Seva Yojana - a cashless healthcare insurance scheme which aims to offer annual medical benefits ranging between 2.5 to 4 lakh per family. Nine hospitals across Goa are part of this scheme, offering treatment, hospitalisation, and surgery expenses at a minimal cost.*

The participants also spoke about the difficulties they faced due to the unavailability of medicines at public health institutions. Some of them reported that they end up having to visit pharmacies for the medicines they need; however, this often involves travelling considerable distances in search of a pharmacy that stocks the medicines they require and can fulfil their prescription. Second, the pharmacies themselves are sometimes inaccessible for persons with disabilities. For example, a participant with a locomotor disability reported that he has been asking a few pharmacies in his neighbourhood to make their storefront wheelchair-accessible by building ramps, but his requests have been routinely ignored. The participants therefore indicated that ensuring the availability of both treatment and medication in public health institutions would improve their healthcare experience.

The participants mentioned that adults with intellectual disabilities have a host of additional needs that stretch beyond the boundaries of healthcare. Their parents—many of whom are senior citizens—worry about the long-term well-being of their children, and thus emphasised the dire need for state-provided residential and palliative care facilities. They pointed out that there are also no respite care facilities available, which makes it almost impossible for them to temporarily transfer their caregiving responsibilities in the event of an emergency.²⁰ Participants from a support group for and managed by the parents of persons with disabilities indicated that they launched their own respite centre to help bridge this gap. However, they are finding it difficult to continue paying for the space as well as the special educators required to keep the centre running, and are therefore advocating for the government to provide support.



The repeated obstacles they experience have a significant mental health impact on persons with disabilities and their caregivers and families, but few measures have been taken to address this. Mental health support is often only offered by parental support groups and CSOs, and securing appointments can be a challenge. Speaking about the lack of empathy that medical staff can display, a parent of an autistic child stated that she was told by the diagnosing doctor that her child is “invalid for life”. Experiences like this make difficult news even harder to digest, and can result in many parents feeling isolated and unwilling to seek mental health support.

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“There is still a stigma attached to going for therapy. Imagine a parent who has not even accepted their child’s diagnosis. Will they ever go for a counselling session for themselves? They will not.”



Women with disabilities were also asked about their interaction with the health system in relation to their sexual and reproductive health. The commonly reported lack of access to information was a major challenge in this realm as well. The participants reported that they had mostly not been provided any form of sexuality education, whether in school or from their families. The stigma around sexual health, especially for women, is also a larger cultural issue that many young people in the nation must contend with. However, persons with disabilities may face additional barriers that hamper their acquisition of relevant knowledge.

A deaf participant reported that she has visited the doctor several times to get treated for delayed menstruation. Each time, the doctor simply prescribes her medication rather than explaining what the issue is to her. Although the medication regularises her menstrual cycle, the problem re-emerges eventually. The doctor communicates with the participant’s mother, who doesn’t know sign language, and thus she still doesn’t understand what’s causing her menstrual irregularities. **“I don’t know what is happening to my own body,”** she says.

The Unique Disability ID

The Unique Disability (UD) ID was launched in 2016 with the aim of creating a national database for persons with disabilities.

The project seeks to promote transparency, efficiency, and ease of delivering welfare and streamline the tracking of physical and financial progress of persons with disabilities at all levels.

Since 2020, the government of Gia initiated issuance of UDID to register person with disabilities on the UDID web portal. During the initial stage, the Field Assistant of the Directorate of Social Welfare was deputed at every Block Development Office to assist PwDs. This was followed by the appointment of Field Workers by the Directorate of Social Welfare in 2022 at each panchayat and municipality to assist PwDs to register on the UDID portal.²¹ The field workers also provide information on various state government schemes for persons with disabilities during these visits.

At the focus group discussions, however, the participants highlighted several key challenges that continue to impede the UDID procurement process. The lack of easily available information around the UDID process has been one of the initial roadblocks for participants. Families often do not know which centres they need to take their children to for certification, nor are they fully aware of the documents needed for the process. Parents also complained about the strict requirements for documentation. For instance, an autistic child was forced to get an Aadhaar card made in order to qualify for the UDID.²² This process was particularly challenging because the child was experiencing extreme discomfort when made to use the machines that collect biometric data.

Many participants were also frustrated by the fact that despite having permanent disabilities, they are made to renew their disability certificates—a prerequisite to obtain a UDID card for certain disabilities—every five years. Besides the fact that they find re-certification to be redundant owing to the permanence of their disability, they stated that the process itself is often excruciating.

There are four recognised centres where examinations for disability certificates can be conducted—Goa Medical College, North Goa District Hospital, South Goa District Hospital and Institute of Psychiatry and Human Behaviour (the latter two being for children's disability certificates). The participants reported that the sheer demand for disability certification appointments results in wait times that are several months long. Even on the day of their appointment, persons with disabilities are expected to wait for several hours to be examined. A deaf participant reported that she had to wait from 10 am to 6 pm to get an audiogram done. Throughout this time, there was no clear information provided to her. When she would periodically inquire about how much longer it was going to take, she would be rudely instructed to keep waiting.

For persons with intellectual disabilities, they must be certified as such by a clinical psychologist approved by the Rehabilitation Council of India (RCI) to get a disability certificate. However, there are no RCI-approved MPhil programmes in the state, which renders it difficult for new clinical psychologists to be appointed for UDID certification.

Additionally, participants reported that they are often made to undergo more tests than necessary, as an irregularity found in one test will result in an entirely different test being prescribed to determine the extent of any additional medical conditions. These tests may not be offered at the same location or may not be completed on the same day, which further prolongs the certification process.

“The government is saying that there is nobody applying for the clinical psychologist positions. Why are they not applying? Are their salaries good enough? If there are clinical psychologists graduating from colleges, why are they not applying to the government?”

The quantification of disabilities as a requirement for certification is also something that the participants took issue with. They felt that schemes were often far more focused on being able to quantify disabilities rather than providing support to disabled persons in need of it. Additionally, conditions such as blood disorders, developmental, psychosocial, and intellectual disabilities cannot be neatly quantified into percentages. Given that individuals need to be certified as having a benchmark disability to access social welfare, many feel unjustly excluded simply because of the arbitrary methods through which their disability was quantified.

Even after jumping through all the hoops to get registered for the UDID, it takes months before they receive the card.

Several participants noted that even after going through the arduous process of registering for the UDID, it takes months to receive the card. One parent reported that she had to contact five different panchayats to figure out where her son's UDID card was stuck, before ultimately receiving it. Another participant said that he received a card with his father's name listed in place of his own.

Recommendations for Bridging Existing Gaps

For the State Commissioner for Persons with Disabilities and the Directorate of Social Welfare:

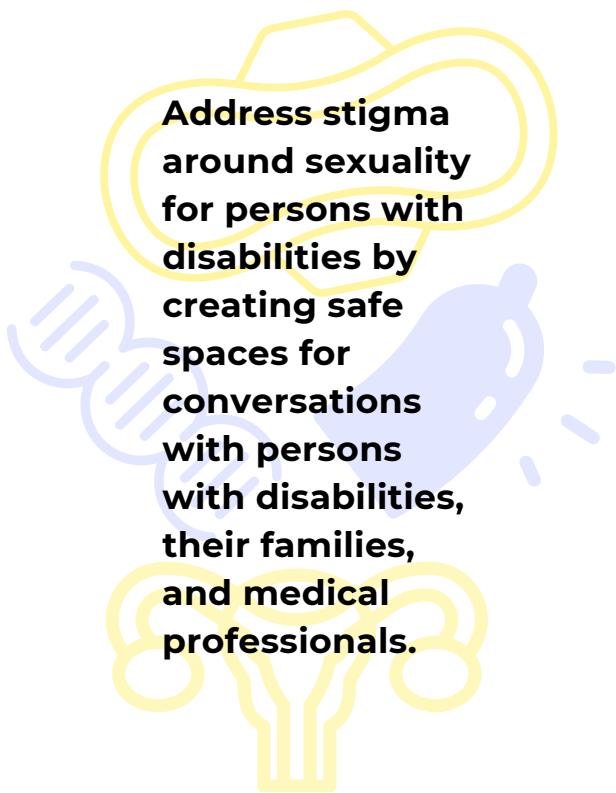
- Streamline procurement of disability certificates by providing all relevant certification services under one roof. Eliminate the need for re-certification of permanent disabilities every five years
- Mandate the provision of full medical insurance with no discrimination by public and private players to all persons with disabilities, including people living with mental health conditions, intellectual disabilities, rare diseases, and chronic illnesses

For the Directorate of Health Services:

- Prioritise care and support, including nutrition, rehabilitation, palliative care, mental health services, nursing services, peer counselling support, caregiver provisions, assistive aids/ technology, and any other reasonable accommodations for all those who need these at the community level
- Design and promote community-based and family-centred initiatives that involve more than just doctors and clinical professionals
- Ensure the accessibility of health infrastructure at all levels (particularly within rural areas), including physical and digital infrastructure, access to information, and

trained support persons, interpreters, and assistants. This also involves the application of a universal design-based approach to the development or refurbishment of health facilities; regular accessibility audits at healthcare facilities; and the establishment of dedicated help desks to support persons with disabilities in availing health services

- Ensure persons with disabilities are engaged across all stages of design, implementation, and monitoring of healthcare facilities and public health interventions for effective inclusion



- Train all health professionals on disability needs and invest in adequate support personnel, including sign language interpretation for deaf and deaf-blind people. Include training on disability inclusion in the curriculum of all health and care workers, and see to it that they remain up to date with periodic training
- Develop an inclusive home-care system, including home-based services, elder care, and essential screening
- Establish respite care, residential, and assisted living facilities for persons with intellectual disabilities. Collaborate with and assist CSOs/parent support groups in setting up and operating these services across the state
- Include persons with disabilities in the health and care workforce by providing opportunities to students with disabilities in academic institutions and career advancement for health professionals with disabilities
- Work with the Directorate of Education to introduce a caregiver's course that helps broaden the pool of individuals who can provide caregiving services for persons with disabilities. Create a module in existing nursing courses and support private courses in this regard
- Disseminate educational materials on and improve awareness of sexual and reproductive health rights. Additionally, ensure physical accessibility of sexual and reproductive health rights services, including in remote areas

04

Conclusion

The focus group discussions shed light on the various connections between the challenges experienced by persons with disabilities in the realms of health, education, and livelihoods. These problems were generally centred around the broader issues of accessibility, stigma, and awareness. Most of the issues raised and difficulties narrated by the primary stakeholders were envisaged while drafting the RPwD Act and were taken care of in its various provisions. For these challenges and complaints to be resolved, sections of the Act related to rights and entitlements will need to be properly understood and duly implemented. Building the future that the Act envisions will require a collective effort, with contributions from policymakers, governments, funders, and CSOs alike.

Regardless of where you sit within this ecosystem, here's how you can play your part.

If You Work in Policy/Government:

- Address the stigma associated with disability through dedicated public awareness campaigns that are easy to understand. This could be done by using public and online forums, social and mass media, and radio and print advertising. The focus should be on informing the public about disabilities and highlighting the contributions of persons with disabilities
- Promote awareness and inclusion by providing pertinent information to persons

with disabilities at various points of engagement. For example, upon disability certification, supply individuals with details regarding relevant schemes they can avail, such as disability pensions. Include multilingual and multi-format messaging on the RPwD Act to spread awareness among persons with disabilities about the rights and entitlements accorded to them

- Allocate adequate budgetary resources to initiatives for persons with disabilities
- Assign and firmly commit to new accessibility timelines across departments. This is necessary to remedy the failure in adhering to the five-year timeline for this prescribed by the RPwD Act, and includes both physical and digital accessibility
- Ensure recurring and timely training and sensitisation sessions, especially for members of departments that deal with social welfare, livelihoods, education, and health. Include information on the RPwD Act in these sessions to improve their awareness of disabilities, the rights and entitlements of persons with disabilities, as well as what needs to be put in place to help secure these rights
- Advocate for the establishment of a disability desk/officer in each state department. This will help ensure linkages and convergence between

different departments, leading to better coordination and cohesive action with respect to designing and implementing measures for persons with disabilities

If You are a Funder:

- Take time to learn about the rights enshrined in the RPwD Act. This can contribute to building a rights-based approach to disability inclusion. Additional reading on this subject can be accessed through the references at the end of this report
- Support CSOs and projects working on disability inclusion
- Fund the development of programmes and strategies aimed at enhancing persons with disabilities' access to education, livelihoods, and healthcare
- Partner with other funders supporting disability inclusion efforts to develop a stronger funding ecosystem for the issue

If You Work at a CSO:

- Identify pain points for persons with disabilities in the communities that you work with. Through conversations with the communities, seek out pathways to address these challenges through collaboration
- Partner with other CSOs working on disability inclusion to build organisational capacities by exchanging best practices and learnings
- Advocate with local, state, and central governments to prioritise disability inclusion and improve their implementation of the RPwD Act. Engage in strategic litigation to ensure they set down and comply with implementation timelines

The numerous insights and suggestions received as part of this endeavour revealed that while progress may be slow on some fronts, the RPwD Act offers a solid framework for the state and practitioners to advocate for and advance the rights of persons with disabilities. We recognise the need for fuelling the conversation around disabilities, and hope that the recommendations presented in this report offer a pathway for the state of Goa to continue to build better for persons with disabilities—keeping their insights, experiences, and challenges at the centre.

If you are an activist, funder, nonprofit, researcher, or healthcare professional, partner with us as we grow our advocacy around disability and mental health. Please write to us at comms@mariwalahealthinitiative.org to learn more about how you can be a part of this collective effort.

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